

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 APR 21 AM 9:32  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Friends For Porter Committee</b>						Registration Number, if PAC							
Full Name of Candidate <b>Jeffrey D Porter</b>													
Street Address <b>2528 Bloxom St</b>						Office Sought <b>Frank.Cty.Mun.Ct.Judge</b>				District			
City <b>Grove City</b>						State <b>O H</b>		Zip Code <b>43123</b>					
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year			
		July		August		September		Termination		Semiannual			
		Monthly		Monthly		Monthly							
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>1</b>	D <b>1</b>	Y <b>0</b>	<b>8</b>	<b>0</b>	<b>5</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	6,945.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	6,945.00
5. Total monetary expenditures (From Form No. 31-B)	\$	3,711.87
6. Balance on hand (line 4 minus line 5)	\$	3,233.13
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	489.05
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laurel Beatty, Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

Laurel Beatty  
Signature

4/20/05  
Date

Contribution  
pages 14

Expenditure  
pages 2

Other  
pages 1

Total  
pages 17

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends For Porter Committee</b>												
Full Name of Contributor <b>Derek Hertl</b>						Registration Number, if PAC						
Street Address <b>4607 Wuertz Ct</b>			Employer/Occupation/Labor Organization <b>OSU</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Dublin</b>		State <b>O H</b>		Zip Code <b>43016</b>		M <b>0 3</b>		D <b>2 8</b>		Y <b>0 5</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Rose T Craig</b>						Registration Number, if PAC						
Street Address <b>2493 Delowe St</b>			Employer/Occupation/Labor Organization <b>Make A Wish Foundation</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Grove City</b>		State <b>O H</b>		Zip Code <b>43123</b>		M <b>0 3</b>		D <b>0 3</b>		Y <b>0 5</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Total Contributions From Form 31-E</b>						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M <b>0 2</b>		D <b>1 1</b>		Y <b>0 5</b>		Amount <b>2,715.00</b>
Full Name of Contributor <b>Total Contributions From Form 31-E</b>						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M <b>0 3</b>		D <b>2 4</b>		Y <b>0 5</b>		Amount <b>3,180.00</b>
Full Name of Contributor <b>Total Contributions From Form 31-E</b>						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M <b>0 4</b>		D <b>0 7</b>		Y <b>0 5</b>		Amount <b>900.00</b>
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount <b>0.00</b>
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount <b>0.00</b>
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount <b>0.00</b>

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Robert McCoy</b>				Registration Number, if PAC	
Street Address <b>4110 Cypress Ave</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>John Brody</b>				Registration Number, if PAC	
Street Address <b>65 East State St</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Paul Daniel Ritter</b>				Registration Number, if PAC	
Street Address <b>65 East State St</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Stephen Barsotti</b>				Registration Number, if PAC	
Street Address <b>PO Box 06616</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>David Hoeffel</b>				Registration Number, if PAC	
Street Address <b>1443 Cliff Court Apt C</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Roger Sugarman</b>				Registration Number, if PAC	
Street Address <b>6025 Cranberry Court</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Dan Hilson</b>				Registration Number, if PAC	
Street Address <b>4266 Vaux Link</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>New Albany</b>	State <b>O</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>200.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,715.00

Total expenditures this event

30.00

Page Total \$ 925.00

Event Date 2/11/05Page 4

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Malinda Susalla</b>				Registration Number, if PAC	
Street Address <b>1 Miranova Place</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Diane Lazor</b>				Registration Number, if PAC	
Street Address <b>2396 Lyncross St</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>H 43123</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Kelly O'Reilly Anzelmo</b>				Registration Number, if PAC	
Street Address <b>446 Havland Dr</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>H 43230</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>R. Keith Kerns</b>				Registration Number, if PAC	
Street Address <b>1153 Wyandotte Rd</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43212</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>350.00</b>
Full Name of Contributor <b>Stephanie Union</b>				Registration Number, if PAC	
Street Address <b>549 Poe Ave</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>H 43085</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Mark Reitz</b>				Registration Number, if PAC	
Street Address <b>546 Fallis Rd</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43214</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Allen Handlan</b>				Registration Number, if PAC	
Street Address <b>65 E. State St</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,715.00

Total expenditures this event

30.00

Page Total \$ 1,100.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Betty J Brett</b>				Registration Number, if PAC	
Street Address <b>2161 Jeffrey Dr</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>10.00</b>
Full Name of Contributor <b>John A. Diloretto</b>				Registration Number, if PAC	
Street Address <b>1698 Northwest Blvd</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>10.00</b>
Full Name of Contributor <b>Christopher L Christman</b>				Registration Number, if PAC	
Street Address <b>7682 Deer Creek Rd</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Loretta Massey</b>				Registration Number, if PAC	
Street Address <b>1264 Olde Henderson Square</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Barbara L Herr</b>				Registration Number, if PAC	
Street Address <b>3463 Lacoste Lane</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Susan K Hess</b>				Registration Number, if PAC	
Street Address <b>387 Colony Park Dr</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Pickerington</b>	State <b>O</b>	Zip Code <b>43147</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>James L Fox</b>				Registration Number, if PAC	
Street Address <b>623 Sanbridge Circle W</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>2</b>	Y <b>1105</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,715.00
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Total expenditures this event

30.00
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Page Total \$ 135.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Sue Hazelton</b>				Registration Number, if PAC	
Street Address <b>446 Brodhaven Place</b>	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
City <b>Circleville</b>	State <b>O</b>	Zip Code <b>43113</b>	1	1	0
			5	Amount <b>5.00</b>	
Form(Cash,Check,etc) <b>Cash</b>					
Full Name of Contributor <b>Terri Barnett</b>					
Street Address <b>4296 Oakwind Dr</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2	1	5
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43207</b>	1	1	0
			5	Amount <b>5.00</b>	
Form(Cash,Check,etc) <b>Cash</b>					
Full Name of Contributor <b>Brandi Hagy</b>					
Street Address <b>9196 Columbia Rd</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Kegler Brown</b>		0	2	1	5
City <b>Pataskala</b>	State <b>O</b>	Zip Code <b>43062</b>	1	1	0
			5	Amount <b>20.00</b>	
Form(Cash,Check,etc) <b>Cash</b>					
Full Name of Contributor <b>Laurel Beatty</b>					
Street Address <b>268 E Gates</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Otto Beatty Jr &amp; Associates</b>		0	3	0	5
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	8	0	1
			5	Amount <b>250.00</b>	
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>Angela Parsons</b>					
Street Address <b>7672 Kinneytuck Ct</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Kegler Brown</b>		0	2	2	5
City <b>Lewis Center</b>	State <b>O</b>	Zip Code <b>43035</b>	6	0	1
			5	Amount <b>150.00</b>	
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>Jennifer Mackanos</b>					
Street Address <b>5936 Clipper Landing Dr</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Kegler Brown</b>		0	3	1	5
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43228</b>	6	0	1
			5	Amount <b>100.00</b>	
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>Allison Witt</b>					
Street Address <b>1015 Parkway Dr</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Kegler Brown</b>		0	3	1	5
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43212</b>	6	0	1
			5	Amount <b>25.00</b>	
Form(Cash,Check,etc) <b>Check</b>					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,715.00

Total expenditures this event

30.00

Page Total \$ 555.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Eve Melinda Ellinger</b>				Registration Number, if PAC	
Street Address <b>4945 Albany MDW</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43081</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Marcia Roeder</b>				Registration Number, if PAC	
Street Address <b>2384 Bloxom St</b>	Employer/Occupation/Labor Organization* <b>Youth &amp; Family Services</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Susan Ashbrook</b>				Registration Number, if PAC	
Street Address <b>2994 Crescent Dr</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Becky A Westerfelt</b>				Registration Number, if PAC	
Street Address <b>161 S. Brinker Ave</b>	Employer/Occupation/Labor Organization* <b>Huckleberry House</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Eileen Paley</b>				Registration Number, if PAC	
Street Address <b>668 Bellamy Pl</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43213</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeffrey Weber</b>				Registration Number, if PAC	
Street Address <b>110 N Third St 402</b>	Employer/Occupation/Labor Organization* <b>Bricker &amp; Eckler</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jerry L. Johnson</b>				Registration Number, if PAC	
Street Address <b>3048 Crescent Dr</b>	Employer/Occupation/Labor Organization* <b>City Center</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Amount <b>250.00</b>	Form(Cash,Check,etc) <b>Check</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,180.00
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Total expenditures this event

30.00
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Page Total \$ 575.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter</b>					
Full Name of Contributor <b>Natalie C. Trishman</b>			Registration Number, if PAC		
Street Address <b>110 N Third St Unit 204</b>	Employer/Occupation/Labor Organization* <b>Bricker &amp; Eckler</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>35.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Simone Morgen</b>			Registration Number, if PAC		
Street Address <b>38 W Tulane Rd</b>	Employer/Occupation/Labor Organization* <b>State of Ohio</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43202</b>	Amount <b>10.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Tiffany C Miller</b>			Registration Number, if PAC		
Street Address <b>5296 Timberline Rd</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Rosemary T Craig</b>			Registration Number, if PAC		
Street Address <b>2493 Delowe St</b>	Employer/Occupation/Labor Organization* <b>Make A Wish Foundation</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Ned S Marburger</b>			Registration Number, if PAC		
Street Address <b>407 Whittier St</b>	Employer/Occupation/Labor Organization* <b>Instructor</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>200.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Otto Beatty III</b>			Registration Number, if PAC		
Street Address <b>600 South Grant Ave</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>200.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Christie Angel</b>			Registration Number, if PAC		
Street Address <b>600 S. Grant Ave</b>	Employer/Occupation/Labor Organization* <b>SBC</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**3,180.00**

Total expenditures this event

**411.94**

Page Total \$ **570.00**



# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Scott C Preston</b>				Registration Number, if PAC	
Street Address <b>1329 Fowler Dr</b>	Employer/Occupation/Labor Organization* <b>Construction</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43224</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>LeNan Empey</b>				Registration Number, if PAC	
Street Address <b>34 S Roys Ve</b>	Employer/Occupation/Labor Organization* <b>self</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>COLumbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Eric S Hutchinson</b>				Registration Number, if PAC	
Street Address <b>1323 Fowler Dr</b>	Employer/Occupation/Labor Organization* <b>Banc One</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43224</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Holly True Shaver</b>				Registration Number, if PAC	
Street Address <b>281 Stewart Ave</b>	Employer/Occupation/Labor Organization* <b>State of Ohio</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jack L Travis</b>				Registration Number, if PAC	
Street Address <b>4261 Morse Rd</b>	Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>David L Johnson</b>				Registration Number, if PAC	
Street Address <b>4441 Midvale Rd</b>	Employer/Occupation/Labor Organization* <b>ADT</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43224</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Aman Mehra</b>				Registration Number, if PAC	
Street Address <b>9240 Marlebury End</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Powell</b>	State <b>O</b>	Zip Code <b>43065</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,180.00
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Total expenditures this event

411.94
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Page Total \$ 450.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Chad R Williams</b>				Registration Number, if PAC	
Street Address <b>2920 Bryden Rd</b>	Employer/Occupation/Labor Organization* <b>Westin</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43209</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Kenneth A Jenkins</b>				Registration Number, if PAC	
Street Address <b>2920 Bryden Rd</b>	Employer/Occupation/Labor Organization* <b>Chiropractor</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43209</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Aundrea Cordle</b>				Registration Number, if PAC	
Street Address <b>802 King St</b>	Employer/Occupation/Labor Organization* <b>Fairfield County</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Lancaster</b>	State <b>O</b>	Zip Code <b>43130</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Marilyn T Brown</b>				Registration Number, if PAC	
Street Address <b>78 W Hubbard Ave</b>	Employer/Occupation/Labor Organization* <b>Mid-Ohio Regional Plannir</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43245</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeptha Paul</b>				Registration Number, if PAC	
Street Address <b>999 Thetford Ct</b>	Employer/Occupation/Labor Organization* <b>Pristine Planning</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Westerville</b>	State <b>O</b>	Zip Code <b>43081</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Ted Barrows</b>				Registration Number, if PAC	
Street Address <b>4834 Sarasota Dr</b>	Employer/Occupation/Labor Organization* <b>Judge</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>350.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Melissa Daley</b>				Registration Number, if PAC	
Street Address <b>6580 St Mary's Rd</b>	Employer/Occupation/Labor Organization* <b>self</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Nashport</b>	State <b>O</b>	Zip Code <b>43830</b>	Amount <b>200.00</b>	Form(Cash,Check,etc) <b>Check</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  
**3,180.00**

Total expenditures this event  
**411.94**

Page Total \$ **825.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>YEMC Law Offices</b>				Registration Number, if PAC	
Street Address <b>600 S High St, Ste 204</b>	Employer/Occupation/Labor Organization* <b>Law Firm</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>100.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Rosalyn Stith</b>				Registration Number, if PAC	
Street Address <b>47 N Miami Ave Apt A</b>	Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43203</b>	Amount <b>50.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Lori M Tyack</b>				Registration Number, if PAC	
Street Address <b>947 Clubview Blvd North</b>	Employer/Occupation/Labor Organization* <b>Tyack &amp; Pausch</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43235</b>	Amount <b>50.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>A Taste of Ohio, LLC</b>				Registration Number, if PAC	
Street Address <b>738 Wheeling Ave</b>	Employer/Occupation/Labor Organization* <b>Sales</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Cambridge</b>	State <b>O</b>	Zip Code <b>43725</b>	Amount <b>40.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>M Elizabeth Gill</b>				Registration Number, if PAC	
Street Address <b>90 E Mithoff</b>	Employer/Occupation/Labor Organization* <b>Baker &amp; Hostetler</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>50.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Carol A Wright</b>				Registration Number, if PAC	
Street Address <b>318 Berger Alley</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>50.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Susan E Brown</b>				Registration Number, if PAC	
Street Address <b>2377 Bloxom St</b>	Employer/Occupation/Labor Organization* <b>National City Bank</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Amount <b>50.00</b>	Form(Cash, Check, etc) <b>Check</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  
**3,180.00**

Total expenditures this event  
**411.94**

Page Total \$ **390.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Scott J Varner</b>				Registration Number, if PAC	
Street Address <b>1002 Hunter Ave</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jayne Patricia Moore</b>				Registration Number, if PAC	
Street Address <b>1632 Bryden Rd</b>	Employer/Occupation/Labor Organization* <b>Kegler Brown</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43205</b>	Amount <b>150.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lorraine Siegworth</b>				Registration Number, if PAC	
Street Address <b>2117 Wesleyan Dr</b>	Employer/Occupation/Labor Organization* <b>Nationwide</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>David Hodge</b>				Registration Number, if PAC	
Street Address <b>253 Kossuth St</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Molly Miller</b>				Registration Number, if PAC	
Street Address <b>653 Farrington</b>	Employer/Occupation/Labor Organization* <b>AEP</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Amount <b>20.00</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,180.00

Total expenditures this event

411.94

Page Total \$ 370.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>					
Full Name of Contributor <b>Thomas Grote</b>				Registration Number, if PAC	
Street Address <b>1 Miranova Place</b>	Employer/Occupation/Labor Organization* <b>Donatos</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Sherrie Passmore</b>				Registration Number, if PAC	
Street Address <b>431 Whitley Dr</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Sherrie Passmore</b>				Registration Number, if PAC	
Street Address <b>431 Whitley Dr</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Steven Shellabarger</b>				Registration Number, if PAC	
Street Address <b>948 Neil Ave</b>	Employer/Occupation/Labor Organization* <b>self</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Form(Cash,C y Ave <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Anthony Mariani</b>				Registration Number, if PAC	
Street Address <b>5315 Berrywood Dr</b>	Employer/Occupation/Labor Organization* <b>Nordstrom</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>John Sowers</b>				Registration Number, if PAC	
Street Address <b>446 Stanley Ave</b>	Employer/Occupation/Labor Organization* <b>First Data International</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Donald Greiner</b>				Registration Number, if PAC	
Street Address <b>4025 Angola Rd</b>	Employer/Occupation/Labor Organization* <b>Safe Auto</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Toledo</b>	State <b>O</b>	Zip Code <b>43615</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

900.00

Total expenditures this event

0.00

Page Total \$ 850.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>				
Full Name of Contributor <b>Russell Goodwin</b>			Registration Number, if PAC	
Street Address <b>103 E. First Ave</b>	Employer/Occupation/Labor Organization* <b>The Butler Company</b>		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Y <b>0</b>	Amount <b>50.00</b>
Form(Cash,Check,etc) <b>Check</b>				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  

900.00

Total expenditures this event  

0.00

Page Total \$ 50.00

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends For Porter Committee</b>				
Full Name of Contributor <b>Tim Woodard</b>	Employer, Occupation, Labor Organization * <b>Make A Wish Foundation</b>	Registration Number, if PAC		
Street Address <b>2528 Bloxom St</b>	Description of Item or Service <b>Postcards, Labels, Stamps</b>	M <b>0</b>	D <b>3</b>	Fair Market Value <b>84.99</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Diane Lazor</b>	Employer, Occupation, Labor Organization * <b>Kegler Brown</b>	Registration Number, if PAC		
Street Address <b>2396 Lyncross St</b>	Description of Item or Service <b>postcards</b>	M <b>0</b>	D <b>3</b>	Fair Market Value <b>22.05</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Diane Lazor</b>	Employer, Occupation, Labor Organization * <b>Kegler Brown</b>	Registration Number, if PAC		
Street Address <b>2396 Lyncross St</b>	Description of Item or Service <b>Toner Cartridge, envelopes</b>	M <b>0</b>	D <b>3</b>	Fair Market Value <b>76.44</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Greg Sours</b>	Employer, Occupation, Labor Organization * <b>Sales</b>	Registration Number, if PAC		
Street Address <b>2396 Lyncross St</b>	Description of Item or Service <b>Stamps</b>	M <b>0</b>	D <b>3</b>	Fair Market Value <b>111.00</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Jayne Moore</b>	Employer, Occupation, Labor Organization * <b>Kegler Brown</b>	Registration Number, if PAC		
Street Address <b>1632 Bryden Rd</b>	Description of Item or Service <b>Food</b>	M <b>0</b>	D <b>2</b>	Fair Market Value <b>45.23</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43205</b>	Y <b>1</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Scott J. Varner</b>	Employer, Occupation, Labor Organization * <b>City of Columbus</b>	Registration Number, if PAC		
Street Address <b>1002 Hunter Ave.</b>	Description of Item or Service <b>Food</b>	M <b>0</b>	D <b>4</b>	Fair Market Value <b>149.34</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Y <b>0</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.  
[R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends For Porter Committee</b>									
To Whom Paid <b>Fifth Third</b>						M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>19.95</b>
Address <b>21 E State St</b>		Purpose <b>Check Order</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>Debit</b>					
To Whom Paid <b>Diane Lazor</b>						M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>474.38</b>
Address <b>2396 Lyncross St</b>		Purpose <b>Reimbursement for buttons and labels order</b>							
City <b>Grove City</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43123</b>	Check Number <b>00003</b>					
To Whom Paid <b>The Watts Group, LLC</b>						M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>1,250.00</b>
Address <b>950 Carroll Eastern Rd</b>		Purpose <b>Campaign Management</b>							
City <b>Baltimore</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43105</b>	Check Number <b>00004</b>					
To Whom Paid <b>Dan Hilson</b>						M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>200.00</b>
Address <b>4266 Vaux Link</b>		Purpose <b>Campaign Donation Refund</b>							
City <b>New Albany</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43054</b>	Check Number <b>00001</b>					
To Whom Paid <b>The Watts Group, LLC</b>						M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>1,250.00</b>
Address <b>950 Carroll Eastern Rd</b>		Purpose <b>Campaign Management</b>							
City <b>Baltimore</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43105</b>	Check Number <b>103</b>					
To Whom Paid <b>Diane Lazor</b>						M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>105.60</b>
Address <b>2396 Lyncross St</b>		Purpose <b>Campaign T-Shirt Reimbursement</b>							
City <b>Grove City</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43123</b>	Check Number <b>102</b>					
To Whom Paid <b>Expenditures from Form 31-F</b>						M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>411.94</b>
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
									<b>0.00</b>
Address		Purpose							
City	State		Zip Code	Check Number					



# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends For Porter Committee</b>								
To Whom Paid <b>Barcelona</b>					M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>
Address <b>263 Whittier St</b>		Purpose <b>Event Deposit</b>						
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43206</b>	Check Number <b>0002</b>			
To Whom Paid <b>Barcelona</b>					M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>311.94</b>
Address <b>263 Whittier St</b>		Purpose <b>Food</b>						
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43206</b>	Check Number <b>101</b>			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.